COMBINATION DECLARATION & POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

-OR-

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled "Redetachable device" the specification of which is attached hereto.

	was filed on		as				
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l he	eby state that I h ding the claims, as				the above ide	ntified specifi	cation
	nowledge the duty				e examination of	of this applica	ation ir
for p	eby claim foreign patent or inventor's	certificate listed	below and ha	ive also identified	d below any fo	reign applicat	tion fo
Prior Foreign Application(s)					Priority Claimed		
	100 63 854.6 (Number)	Germany (Country)		<u>2/2000</u> nth/Yr. Filed)	[X] yes	[] no	
	(Number)	(Country)	(Day/Mo	nth/Yr. Filed)	[X] yes	[] no	
listed the p Code Regi	reby claim the berd below and, insofaction United States e, §112, I acknowled lations, §1.56(a) with the state of the stat	ar as the subject application in the edge the duty to d which occurred b	matter of eacle manner province isclose material etween the fili	n of the claims of ded by the first p al information as o	f this applicatio paragraph of Tit defined in Title	n is not disclo tle 35, United 37, Code of F	osed ir States Federa
	(Application Seria	l No.)	Filing Date)	(Sta	•		
		all statements me	do berein of	my own knowledd	ne are true an	d that all stat	ement

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punished by fine or imprisonment, or both under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Post Office Address

POWER OF ATTORN: As a named Inventor, I hereby appoint the howing attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

Kurt G. Briscoe, Reg. No. 33,141; William C. Gerstenzang, Reg. No. 27,552; Carmella A. O'Gorman, Reg. No. 33,749; and Stephen G. Ryan, Reg. No. 39,015 all of 220 East 42nd Street, 30th Floor, New York, New York 10017; William R. Robinson, Reg. No. 27,224; Mark A. Montana, Reg. No. 44,948 all of 721 Route 202-206, Bridgewater, New Jersey 08807; Lorimer P. Brooks, Reg. No. 15,155; Davy E. Zoneraich, Reg. No. 37,267 all of 805 Third Avenue, 9th Floor, New York, NY 10022, my attorneys with full power of substitution and revocation.

Direct Telephone Calls To: Send Correspondence To: Norris McLaughlin & Marcus, P.A. (212) 808-0700 220 East 42nd Street 30th Floor New York, N. Y. 10017 Full Name Of Sole or First Inventor Nov 3014 Achim Franck 7007 Citizenship Residence Clematisweg 5, D-20259 Hamburg, Germany German Post Office Address Clematisweg 5, D-20259 Hamburg, Germany Inventor s Signature Full Name Of Second Inventor w Oneas Dec 3rd. 2001 Andreas Junghans enship Residence Klabautermannweg 85, D-22457 Hamburg, Germany German Post Office Address Klabautermannweg 85, D-22457 Hamburg, Germany Full Name Of Third Inventor Dr. Bernd Lühmann Residence German Fritz-Schumacher-Str. 47, D-22844 Norderstedt, Germany Fritz-Schumacher-Str. 47, D-22844 Norderstedt, Germany Full Name Of Fourth Inventor Dr. Thorsten Krawinkel Dec. 3rd 2001 Citizenship German Burgwedelkamp 25, D-22457 Hamburg, Germany Post Office Address Burgwedelkamp 25, D-22457 Hamburg, Germany Inventor's Signature Date Full Name Of Fifth Inventor Citizenship Residence Post Office Address Date Inventor's Signature Full Name Of Sixth Inventor Citizenship Residence Post Office Address Date Inventor's Signature Full Name Of Seventh Inventor Citizenship Residence